

ORIGINAL

PAGE 1

UNITED STATES

DISTRICT COURT

for the

WILFRED RAMOS, 326 PROSPECT AVENUE APT 3R

BROOKLYN NEW YORK 11201

PLANTIFF, PETITIONER

CV 14 5694

VS

AGGREGATION OF CLAIMS

FRCP 18

GARY ZUCKER,

REYES, M.

ZUCKER & BENETT,

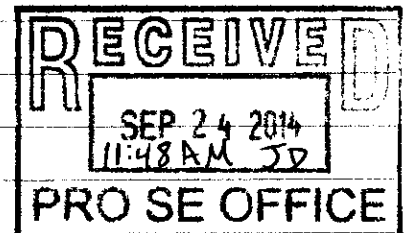
186 JORALEMON STREET 10 FLOOR

BROOKLYN NEW YORK 11201

DEFENDANT, RESPONDENT

COMPLAINT

(JURY TRIAL DEMANDED)



PLANTIFF, COMPLAINING OF DEFENDANT, ALLEGES
AS FOLLOWS:

PARTIES & JURISDICTION

1. PLANTIFF, IS A SINGLE PLANTIFF AND DEFENDANT,
A SINGLE DEFENDANT AND THE AMOUNT EXCEEDS
\$75,000.
2. UPON INFORMATION & BELIEF, DEFENDANT
GARY ZUCKER, OWNER OF ZUCKER & BENETT
LAW FIRM. WHICH IS LOCATED IN BROOKLYN
NEW YORK, KINGS COUNTY & BECAUSE THE

PAGE 2

CONTINUED 2. PLAINTIFF ALSO IS LOCATED IN BROOKLYN NEW YORK, KINGS COUNTY. THE ACCIDENT OF A MOTOR VEHICLE OCCURED ON MARCH 8, 2011 IN BROOKLYN NEW YORK, KINGS COUNTY.

3. PLAINTIFF WAS A BACK PASSENGER OF AN ISUZU JEEP, HEADING TOWARDS FOURTH AVENUE, FROM 40TH STREET AND THIRD AVENUE IN BROOKLYN NEW YORK. WITH JOSE PEREZ, JUDY DOE, JOSE DOE

4. FACTUAL ALLEGATIONS

4. UPON INFORMATION AND BELIEF, DEFENDANT WASN'T THE ONLY PERSON OR PEOPLE THAT MADE A MISTAKE, FROM MARCH 8, 2011 THROUGH APRIL 2013.

5. DEFENDANT MET WITH PLAINTIFF ON JUNE 21, 2011. THE PLAINTIFF WAS ONE STEP AWAY FROM A COMA. PLAINTIFF WAS IN NO CONDITION TO FAIRLY SIGN A CONTRACT OF ANY SORT.

6. DEFENDANT OVERLOOKED A MISTAKE MADE BY LUTHERAN HOSPITAL.

7. DEFENDANT DID NOT OBTAIN ANY SECOND OPINIONS

8. DEFENDANT VIOLATED SIGNED REQUEST OF PLAINTIFF AND NEW FOUND ATTORNEY, ROBERT BLOSSNER

PAGE 3

9. DEFENDANT NOTIFIED, UPON REQUEST NOT TO CONTACT THE PLAINTIFF AFTER HIS TERMINATION.
10. DEFENDANT'S ACTIONS HURT THE PLAINTIFF FINANCIALLY.
11. DEFENDANT'S ACTIONS CAUSED PLAINTIFF FINANCIAL CONSEQUENCE.
12. DEFENDANT MADE NUMEROUS MISTAKES WHEN REPRESENTING THE PLAINTIFF.
13. DEFENDANT NEGLECTED TO OBTAIN THE ACTUAL FACTS OF PLAINTIFF'S CASE.
14. DEFENDANT OWES THE PLAINTIFF A DUTY OF ORDINARY CARE.
15. DEFENDANT BREACH HIS DUTIES
16. DEFENDANT'S BREACH OF ITS DUTIES PROXIMATELY PLAINTIFF HARM.

WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS TO THE COURT AS FOLLOWS:

1. THAT PLAINTIFFS CLAIM BE TRIED BEFORE A JURY.
2. THAT PLAINTIFF HAVE & RECOVER FROM DEFENDANT COMPENSATORY DAMAGES IN THE AMOUNT OF OR GREATER THAN \$46,440,000

PAGE 4

3. THAT PLAINTIFF HAVE & RECOVER THE COSTS OF COURT.

4. THAT PLAINTIFF HAVE & RECOVER OTHER RELIEF AS TO THE COURT SEEMS FAIR & JUST.

PAGE 5

* DAMAGES & LOSSES *

PRAY FOR REMEDY OF RELIEF

1. PHYSICAL PAIN & SUFFERING WITH POSSIBLE LONG TERM HARDSHIPS :

~~\$17,142,857.142857~~

2. EMOTIONAL STRESS & SUFFERING WITH POSSIBLE LONG TERM HARDSHIPS :

~~\$17,142,857.142857~~

3. POSSIBLE FUTURE DISABILITY :

~~\$17,142,857.142857~~

4. POSSIBLE FUTURE MEDICAL BILLS :

~~\$17,142,857.142857~~

5. SCARRING AND DISFIGUREMENT :

~~\$17,142,857.142857~~

6. DEATH OR SHORTENED LIFE EXPECTANCY :

~~\$17,142,857.142857~~

7. POSSIBLE FUTURE SURGERY OR NURSING CARE :

~~\$17,142,857.142857~~

* TOTALING *

* ~~\$120,000,000~~ ÷ ⑦ *

~~WILFRED RAMOS~~

WILFRED RAMOS

WRamos

09/24/14

CT

Computed tomography (CT) scanning builds up a picture of the brain based on the differential absorption of X-rays. During a CT scan the subject lies on a table that slides in and out of a hollow, cylindrical apparatus. An x-ray source rides on a ring around the inside of the tube, with its beam aimed at the subjects head. After passing through the head, the beam is sampled by one of the many detectors that line the machine's circumference. Images made using x-rays depend on the absorption of the beam by the tissue it passes through. Bone and hard tissue absorb x-rays well, air and water absorb very little and soft tissue is somewhere in between. Thus, CT scans reveal the gross features of the brain but do not resolve its structure well.

PET

Positron Emission Tomography (PET) uses trace amounts of short-lived radioactive material to map functional processes in the brain. When the material undergoes radioactive decay a positron is emitted, which can be picked up by the detector. Areas of high radioactivity are associated with brain activity.

EEG

Electroencephalography (EEG) is the measurement of the electrical activity of the brain by recording from electrodes placed on the scalp. The resulting traces are known as an electroencephalogram (EEG) and represent an electrical signal from a large number of neurons.

EEGs are frequently used in experimentation because the process is non-invasive to the research subject. The EEG is capable of detecting changes in electrical activity in the brain on a millisecond-level. It is one of the few techniques available that has such high temporal resolution.

MEG

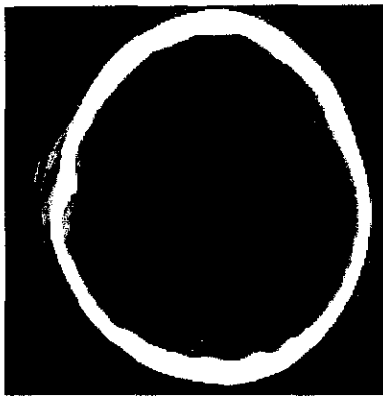
Magnetoencephalography (MEG) is an imaging technique used to measure the magnetic fields produced by electrical activity in the brain via extremely sensitive devices known as SQUIDS. These measurements are commonly used in both research and clinical settings. There are many uses for the MEG, including assisting surgeons in localizing a pathology, assisting researchers in determining the function of various parts of the brain, neurofeedback, and others.

NIRS

Near infrared spectroscopy is an optical technique for measuring blood oxygenation in the brain. It works by shining light in the near infrared part of the spectrum (700-900nm) through the skull and detecting how much the reemerging light is attenuated. How much the light is attenuated depends on blood oxygenation and thus NIRS can provide an indirect measure of brain activity.

① Subdural hematomas (SDH) are 1 of the 3 types of extra-axial intracranial hemorrhages (along with subarachnoid and epidural hemorrhages) and usually occur as a result of trauma. Deceleration injuries are often the cause of subdural bleeding from rupturing of veins via a shearing mechanism. Other entities, such as child abuse and ventricular decompression, also can result in subdural bleeding, and spontaneous hemorrhages may occur in patients receiving anticoagulants or patients with a coagulopathy condition. Compression of a dural sinus does not directly cause a subdural hematoma, although compression may result in a venous infarction.

② Some subdural hematomas are clinically silent, whereas others cause symptoms as a result of mass effect on the adjacent brain. Some hematomas can grow large enough to result in herniation of cerebral tissue. Before computed tomography (CT) scanning and magnetic resonance imaging (MRI) technology, subdural hematomas were diagnosed only on the basis of this mass effect, which was depicted as displacement of the blood vessels on angiograms or as a calcified pituitary gland on skull radiographs. The advent of CT scan and MRI studies has made the diagnosis of even small hemorrhages routine (see the image below).



③ Axial head computed tomography scan demonstrates a skull fracture with an adjacent, small subdural hematoma. Window and level values are widened over standard values, which aids in the detection of small hemorrhages.

④ *Preferred examination*

CT scanning is usually the first evaluation in patients with suspected acute subdural hematoma because CT scans depict acute hemorrhage and skull fractures well, they are relatively fast to obtain, and CT scanning is more readily available than MRI. Smaller hemorrhages may be missed on CT scans, and in the nonacute setting, MRI is the study of choice because of its high sensitivity and specificity.^[1, 2, 3, 4]

⑤ *Limitations of techniques*

CT scanning may fail to depict small hemorrhages because of the similarity in attenuation between blood and adjacent bone and because of streak artifacts in the posterior fossa and inferior middle cranial fossa. MRI aids in the detection of small hematomas because of its multiplanar capabilities.

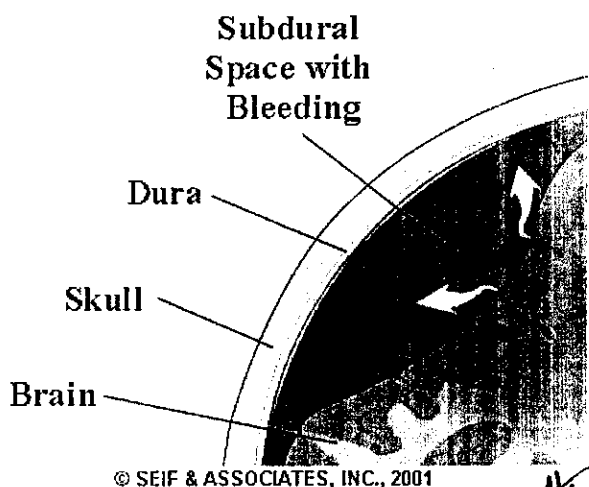
For excellent patient education resources, visit eMedicineHealth's [Brain and Nervous System Center](#). Also, see eMedicineHealth's patient education articles [Head Injury](#), [Concussion](#), and [Brain Aneurysm](#).

exhibit #34 - Acute #
 MEDICATION LEAFLETS:

PATIENT EDUCATION MATERIAL:

Subdural Hematoma

A subdural hematoma is a collection of blood between the brain and its tough outer covering membrane (the *dura*). This is caused by bleeding (*hemorrhage*) from a ruptured blood vessel. There are two types of subdural hematomas.



* Chronic Subdural hemorrhage
 * Lutheran misdiagnosed this
 * Methodist also is at fault
 * Possible/Acute

Acute subdural hemorrhage This is subdural bleeding that develops shortly after a serious blow to the head. Blood collects very fast in this injury and may cause the pressure to rise within the brain. If not diagnosed and treated promptly, severe brain injury or death can occur.

Chronic subdural hemorrhage This is when bleeding develops slowly, over weeks to months.

The brain takes up all the space in the skull, so there is no room for blood clots. The clots will push down on the brain and the bigger the clot, the more it pushes on the brain. The brain gets very irritated when touched by blood and can stop working. Moreover, depending on the part of the brain that stops working, that is the function the patient will lose. It can compress the brain and eventually cause death.

CAUSES

Some kind of a trauma causing an injury to the head:

- * Motor vehicle-related accidents. *
- Falls in the elderly (more than 65 years old).

* CHRONIC SUBDURAL 99.9%
 HEMORRHAGE *

* CT SCAN

SYMPTOMS

The length of time it takes symptoms to develop and improve varies:

An **acute subdural hemorrhage** develops over minutes to hours. Symptoms can include:

- | | |
|--|-----------------------|
| Temporary loss of consciousness (<i>concussion</i>). | Severe headache. |
| Weakness of arms or legs on one side of the body. | Seizures. |
| Changes in vision or speech. | Nausea and vomiting. |
| | Increased sleepiness. |

A **chronic subdural hemorrhage** develops over weeks to months. Symptoms may develop slowly and produce less noticeable problems or changes. These patients will have many small bleeds that over a

period of weeks to months, add up to become a big enough clot to start having symptoms, which may include:

- | | |
|---|-----------------------|
| Mild headache. | Nausea or vomiting. |
| Change in personality. | Memory loss. |
| Loss of balance or difficulty walking. | Double vision. |
| Weakness, numbness or tingling in arms or legs. | Increased sleepiness. |

DIAGNOSIS

All head injuries should be checked out quickly by a caregiver. This is especially true if there has been any loss of consciousness. If you are able, the caregiver will usually ask a list of questions. Your caregiver will perform a thorough physical and neurological exam. If the caregiver suspects there is bleeding within the head, he/she will order a CT scan. Although it is very easy to see blood on a CT scan, this is not a good way to see damage to the brain itself. If there is blood on the scan, its color will help the caregiver figure out how old it is. Utilizing the information from the scan, the history and the physical exam, the caregiver can figure out why this person is not feeling well.

TREATMENT

Acute subdural hemorrhage:

Requires medical attention right away! In many cases, emergency surgery must be performed. The blood clot must be removed. The purpose of having an operation and having the clot removed is to make room and let the brain rest comfortably.

You may be placed in an intensive care unit (ICU) where a nurse can watch you very closely and look for any changes in your function or behavior. Careful attention will be paid to your breathing, blood pressure and neurological function.

Sometimes, medications or controlled breathing through a ventilator is needed may be needed to decrease the pressure in the brain. This is especially true if there is any swelling of the brain itself.

If the patient is not awake, they will need a monitor placed in their head that will tell the doctors and nurses how much pressure there is in the brain. A sudden increase in the pressure may mean that the bleeding has started again.

Chronic subdural hemorrhages:

May require emergency treatment. Most physicians will recommend surgery for larger hemorrhages and those that cause neurological symptoms.

Others do not require treatment at all. Simple treatment with bed rest, medications and observation may be reasonable for smaller hematomas that cause minimal or no symptoms.

People who develop a subdural hemorrhage are at risk of developing seizures, even after the hematoma has been treated. To prevent seizures, some caregivers will prescribe anti-seizure (*anticonvulsant*) medications for a year or longer.

PREVENTION

Accidents, including head injuries, are the leading cause of death in young people. Many others could be prevented with simple precautions or safety equipment.

To help prevent head injuries:

Avoid drinking and driving or doing drugs and driving.

Practice job safety, especially if your job involves working high above ground.

Have your vision checked regularly. Poor vision can increase your risk of falls and other accidents.

Clear your home or apartment of hazards. For example, throw rugs and extension cords can cause you to trip and fall. If you feel unsteady on your feet, consider using a cane or walker.

If you play a contact sport such as football, hockey or soccer and you experience a significant head injury,

Exhibit #6

THE TWO MAJOR
FUNCTIONS OF
THE BRAIN ARE
SENSATION
&
PERCEPTION

—WEBMD.COM

Exhibit 8

* If a Head Injury Occurs

If you or someone you're with experiences an impact to the head and develops any symptoms of traumatic brain injury, seek medical advice even if symptoms seem mild. Call emergency services for anyone who is unconscious for more than a minute or two or who experiences seizures, repeated vomiting or symptoms that seem to worsen as time passes. Also seek emergency care for anyone whose head was injured during ejection from a vehicle, who was struck by a vehicle while on foot, or who fell from a height of more than 3 feet. Even if you don't lose consciousness and your symptoms clear up quickly, a brain injury still may have occurred.

* Symptoms

Symptoms of a brain injury include:

- * • Unconsciousness
- * • Inability to remember the cause of the injury or events that occurred immediately before or up to 24 hours after
- * • Confusion and disorientation
 - Difficulty remembering new information
- * • Headache
- * • Dizziness
 - Blurry vision
 - Nausea and vomiting
- * • Ringing in the ears
- * • Trouble speaking coherently
- * • Changes in emotions or sleep patterns

The severity of symptoms depends on whether the injury is mild, moderate or severe.

* **Mild traumatic brain injury**, also known as a concussion, either doesn't knock you out or knocks you out for 30 minutes or less. Symptoms often appear at the time of the injury or soon after, but sometimes may not develop for days or weeks. Mild traumatic brain injury symptoms are usually temporary and clear up within hours, days or weeks, but they can last months or longer.

- **Moderate traumatic brain injury** causes unconsciousness lasting more than 30 minutes. Symptoms of moderate traumatic brain injury are similar to those of mild traumatic brain injury but more serious and longer-lasting.
- **Severe traumatic brain injury** knocks you out for more than 24 hours. Symptoms of severe traumatic brain injury are also similar to those of mild traumatic brain injury but more serious and longer-

Exhibit # 9

Traumatic Brain Injury

Text Size **A** **A** **A**

Tweet

Didn't affect
P. but off
✓



✱ **Traumatic brain injury results from an impact to the head that disrupts normal brain function.** Traumatic brain injury may affect a person's cognitive abilities, including learning and thinking skills

About
Symptoms
Diagnosis

Causes & risks
Treatments

About Traumatic Brain Injury

Falls are the leading cause of traumatic brain injury for all ages. Those aged 75 and older have the highest rates of traumatic brain injury-related hospitalization and death due to falls.

Doctors classify traumatic brain injury as mild, moderate or severe, depending on whether the injury causes unconsciousness, how long unconsciousness lasts and the severity of symptoms. Although most traumatic brain injuries are classified as mild because they're not life-threatening, even a mild traumatic brain injury can have serious and long-lasting effects.

✱ Traumatic brain injury is a threat to cognitive health in two ways:

- ✱ 1. **A traumatic brain injury's direct effects, which may be long-lasting or even permanent,** can include unconsciousness, inability to recall the traumatic event, confusion, difficulty learning and remembering new information, trouble speaking coherently; unsteadiness, lack of coordination and problems with vision or hearing.
- ✱ 2. **Certain types of traumatic brain injury may increase the risk of developing Alzheimer's or another form of dementia years after the injury takes place.** Learn more.

Exhibit # 10

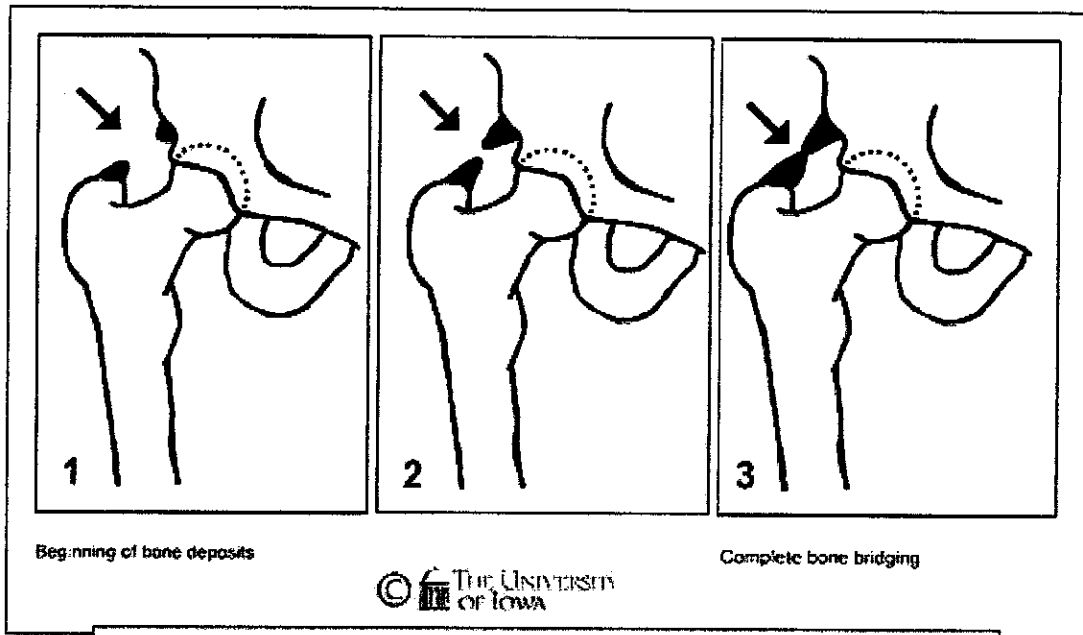


Figure 26. Heterotopic ossification occurring near the hip joint

Pain

With spinal cord injury, pain may be acute or chronic. Acute pain may be caused by bruising, broken bones, surgery, or positioning. Chronic pain may be caused by overuse of joints and muscles, or changes in muscles, joints and ligaments. Treatments vary depending on the type and cause of the pain. The most important thing to remember is that your pain is real and there is a physical cause. If you are experiencing pain, be sure to tell your healthcare provider.

Brain Injuries

Many patients who have had severe trauma to their neck and back may also have injuries to their brain. These injuries can range from a mild concussion to more severe injuries, resulting in difficulty with memory, concentration, communication or personality changes.

★ Sexuality

Love and intimacy are basic needs that everyone shares. A patient with spinal cord injury continues to have sexual needs. There may be loss of sensation to the genital area for both men and women. Each person's injury affects his or her sexuality in a different way.

Usually, both males and females will still be able to have sexual intercourse. Males will have erections, some uncontrolled, that may be brought on by sexual thoughts or as a

Exhibit #11

reflex with catheterization or erotic stimulation. The ability to maintain an erection may be difficult. This is called erectile dysfunction (ED). There are many medical treatments available to help with this. The ability to ejaculate may also change. Therefore, men may have difficulty with fertility (the ability to have children). These functions all depend on the level and extent of injury.

For women, nothing prevents sexual intercourse, but vaginal secretions may be less. Women may still be able to have orgasms. For women of child-bearing age, menstrual periods often are disrupted and may not resume for 3-6 months. Women can still get pregnant and have children, and may deliver vaginally.

Though sexual intercourse is important, love and intimacy can be shared in many ways. Activities such as touching a loved one's face and hair, kissing, being hugged, sharing ideas and problems, memories, and laughing together are also important.

During the acute phase of your injury, it may not be possible for your healthcare provider to foresee the degree of sexual function you will have. As you get further along in your rehabilitation, it will be more likely to predict your level of function. You can discuss any changes you might notice with your healthcare provider. Many rehabilitation centers have sexual counseling programs for patients and families, which help them to understand and cope with these changes.

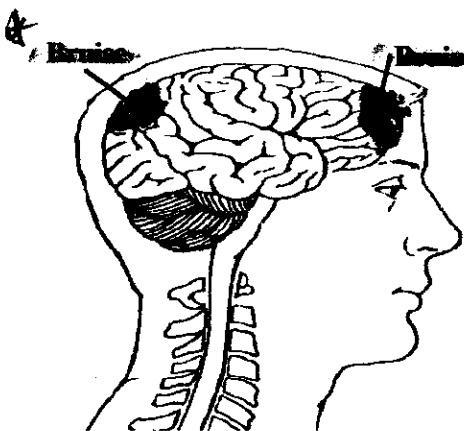
HOW THE BRAIN IS HURT

Each year in America, one million people are seen by medical doctors due to a blow to the head. Of that number, 50,000 to 100,000 have prolonged problems that will affect their ability to work and/or affect their daily lives. The majority of people that I see are injured in car accidents. It is important to note that you do not have to be traveling at a high rate of speed to get a head injury. Nor do you have to hit your head on an object (steering wheel, windshield) to injure the brain. Even at moderate rates of speed, traumatic brain injuries can and do occur. Three separate processes work to injure the brain: *bruising (bleeding), tearing, and swelling.*

* BRUISING (BLEEDING)

If a person is driving a car at 45 miles per hour and is struck head-on by another car traveling at the same rate of speed, the person's brain goes from 45 miles per hour to zero in an instant. The soft tissue of the brain is propelled against the very hard bone of the skull. The brain tissue is "squished" against the skull and blood vessels may tear. When blood vessels tear, they release blood into areas of the brain in an uncontrolled way. For example, one might imagine a dam that breaks, causing water to flood the streets of a town.

Why do medical experts seem so concerned about bleeding in the brain? A major problem is that there is no room for this extra blood. The skull, being hard and brittle, does not expand. So the blood begins to press on softer things--like brain tissue. Brain tissue is very delicate and will stop working properly or may even die off. With large amounts of bleeding in the brain, the pressure will make critical areas of the brain stop working. Areas that control breathing or heart rate could be affected, and a life or death situation could develop within hours of the accident. Some people have sustained a head injury from a car accident and seem "just fine" right after at the accident. Some have even gotten out of the car and directed traffic. Within a short period of time, they began to get more and more confused until they eventually lapse into a coma. So, you can see why Emergency Medical Technicians at the scene of the accident are so anxious to have people go to a hospital following a car accident. *



There is also an "odd" thing that the brain goes through during a car accident. The brain, which is very soft, is thrown against the front part of the skull, which is very hard, and bruising can happen. But the injury process is not over. The brain, and rest of the body, fly backward. This bouncing of the brain first against the front of the skull and then against the back of the skull, can produce bruises in different parts of the brain. Thus people can have a bruise not only where their foreheads hit the steering wheel, but other areas of the brain as well. Doctors call this a "contra coup" injury.

TEARING

At some point in time, we've all played with the food "Jell-O". If you put a thin cut in a square of Jell-O with a knife and let it go, the Jell-O will come back to shape if you jiggle it. The Jell-O

Exhibit B

from forming.

★ Stomach Ileus

Sometimes after spinal cord injury, the stomach and intestine will stop working for a short time. This is called an ileus. Even though the stomach may not be working, it continues to make acid. The acid may damage the stomach lining and cause stomach ulcers if it is not removed. A nasogastric (NG) tube may be placed through the nose into the stomach. This tube will be used to help remove stomach acids. Medications may also be given to help prevent stomach ulcers.

★ Swallowing

Higher cervical injuries may cause difficulty in swallowing. If this happens, a nasogastric (NG) tube may be needed for nutrition and medications. The tube is placed through the nose into the stomach. Liquid formula will be given either continuously or several times a day. The hospital dietician helps the healthcare team to select a formula based on your calorie and fluid needs. If long term tube feeding is necessary, a gastric tube (G-tube or PEG Tube) may be placed surgically through the wall of the abdomen into the stomach.

★ Bowel Control

Changes in bowel control may occur after injury. You may experience constipation or diarrhea. A bowel training program including diet, medicines and digital stimulation may be used. Digital stimulation means to touch inside the rectum to help your bowels move. Developing a bowel training program takes time, but can be successful.

★ Bladder Control

Spinal cord injury may also cause the messages between your bladder and brain to be changed. Normally, when your bladder gets full, nerves in the bladder send a message up the spinal cord to the brain signaling the need to urinate. The message to the brain may be lost after your injury. There is also no bladder tone when spinal shock is present.

Initially, after a spinal cord injury, a urinary (Foley) catheter will be placed to drain the bladder. As your body starts to adjust to the injury, the catheter will be removed. The nurses will check your bladder volume. If the bladder is full, a catheter will be put into your bladder to drain the urine and then the catheter will be removed. Eventually, a bladder training plan will be started.

Bladder tone may or may not return depending on the level of your spinal cord injury. The bladder may be flaccid (weakened) or spastic (hyperactive). A urologist may be asked to evaluate the bladder and medications or surgery may be recommended.

Reddy
30410
NORMAN L. LEFURGE, JR. PAC
LIC. 006892

MARTIN ZONENSTEIN, M.D.
LIC. 207243

NEW YORK METHODIST HOSPITAL
OFFICE OF MEDICAL AFFAIRS
506 SIXTH STREET,
BROOKLYN, NY 11215
(718) 246-8610

Debra

418 780 3040

Patient Name *Dianna Harris* Date *6/24/14*

Address _____
City _____ State _____ Zip _____ Age _____ Sex ☐ M ☐ F

CT head Friday 8th
5 carbaf
1007
Other SPK.

Prescriber Signature *[Signature]*
THIS PRESCRIPTION WILL BE VALID FOR 90 DAYS UNLESS PRESCRIBER WRITES 'DAY' IN BOX BELOW

REFILLS ☐ None Refills: _____

PHARMACIST _____
TEST AREA _____



0J85N9 06

Exhibit # 15

NURSING DISCHARGE FORM:

NYMH(Location:CP8N ; 8067 ; B)

Patient Name: RAMOS, WILFRED
Admitting Physician: Zonenshayn MD, Martin
Admission Date / MRN / Financial Num: 06/20/11 674682 409622490
DOB / AGE / SEX: 10/08/82 28 Years Male

Discharge Instructions Nursing - Text

06/24/11 01:11 pm Performed by FEDORENKO RN, GALINA

Entered on 06/24/11 01:11 pm

Nursing D/C Instructions

Disposition: Discharge

Current Discharge Plan: Home

Phone Number:

Health Status on Discharge: ADL Independent

Equipment/Supplies sent home with you: none

Knowledge Questions: Patient knowledgeable in the following:

Knowledgeable in Self Care Needs: Yes ☒

Knowledgeable in Nutrition: Yes ☒

Knowledgeable in Mobility: Yes

Knowledgeable in Mental Status/Behavior: Yes ☒

Knowledgeable in Skin Integrity: Yes

Knowledgeable in Bowel and Bladder: Yes

Knowledgeable in Comfort/Pain: Yes

Knowledgeable in Medication: Yes

Knowledgeable in Food/Drug Interactions: Yes ☒

Received Pneumovax vaccination?: Not ordered

Medications - Admission - Belongings: None

Do you use Tobacco: No ☒

Problem list reconciled on discharge: Yes

ECF D/C Instructions

Allergy

Reaction

1. NKA

Pressure Ulcer Staging Grid

Patient with pressure ulcer?: No

Skin assessment performed on: Discharge

THEY MADE MISTAKES
AS WELL
-WILL RAMOS

allow enough time for healing before you start playing again (up to 15 days). A repeated injury that occurs during this fragile repair period is likely to result in hemorrhage. This is called the *second impact syndrome*.

If you take blood thinners (warfarin [Coumadin], aspirin and other anti-inflammatories), make sure that you have close medical supervision with regular monitoring. If you are on any blood thinners then even a very small fall or trauma can cause a subdural bleed. You should not hesitate to seek medical attention regardless of how minor you think your symptoms are.

Wear a helmet when bicycling or snow-boarding.

Exhibit 16

SEEK IMMEDIATE MEDICAL CARE IF:

You experience a head injury with any of the following symptoms:

Drowsiness or a decrease in alertness. ✱

Confusion or forgetfulness. ✱

Slurred speech. ✱

Irrational or aggressive behavior. ✱

Numbness or paralysis in any part of the body.

Has a bleeding disorder.

Feel sick to your stomach (*nauseous*) or throw up (*vomit*).

Difficulty walking or poor coordination.

Double vision.

Seizures.

Has a history of heavy alcohol use.

Takes medications to thin the blood.

Some information is complements of the following organizations. For more information contact the:

National Institute of Neurological Disorders and Stroke American Academy of Neurology (AAN)

P.O. Box 5801

Bethesda, MD 20824

Toll-Free: (800) 352-9424

<http://www.ninds.nih.gov/>

1080 Montreal Ave.

St. Paul, MN 55116

Toll-Free: (800) 879-1960

Fax: (651) 695-2791

<http://www.aan.com/>

American Association of Neurological Surgeons

5550 Meadowbrook Dr.

Rolling Meadows, IL 60088

Toll-Free: (888) 566-2267

Fax: (847) 378-0600

E-Mail: info@aans.org

<http://www.neurosurgerytoday.org/>

Brain Injury Association of America

105 N. Alfred St.

Alexandria, VA 22314

Toll-Free: (800) 444-6443

Fax: 703-236-6001

E-Mail: familyhelpline@biausa.org

<http://www.biausa.org/>

Document Released: 11/04/2005 Document Re-Released: 10/15/2010

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Headache

Headaches are caused by many different problems. **Most commonly, headache is caused by muscle tension from an injury, fatigue or emotional upset.** Excessive muscle contractions in the scalp and neck result in a headache that often feels like a tight band around the head. Tension headaches often have areas of tenderness over the scalp and the back of the neck. These headaches may last for hours, days or

With: ^{G2} conspiracy
robbery
perjury
Neurology Clinic

Address:
506 6th Street, 6th floor (KP6)
Brooklyn, NY 11215
(718) 780-5130 phone, fixed,
business (1)

When: ARE VISIBLE.

Within 3 - 5 days

EXHIBIT
#17

Comments:

Gary Zucker - (give him a chance b4
I move forward.)

- * Closed out my lawsuit but I still have issues that need to be address threw no fault not government help.
- * He always contridicted my case
- * YOUR CASE DEPENDS ON WHETHER YOU NEEDED SURGERY OR NOT THE DAY OF SAID ACCIDENT
- * Explain in depth *
- * Can Zucker & Bennett be investigated by an independent agency.
- * He said I have no damages.
Lutherian Hospital - give them a chance b4 I move forward
- * Triage nurse on 03/08/2011
- * X-Ray tech who viewed my XRay on 03/08/2011
- * Doctor, I never saw once that day 03/08/2011
- * 7 witnesses to verify *
- * Discharge & prescribe (motrin ^{NO}/_{NO}) 03/08/2011

mistake. Often patients don't realize that a decline in their condition or an injury was caused by medical negligence.

Although the range of medical mistakes causing injury is almost unlimited, five general types of malpractice are the most common.

Misdiagnosis or Failure to Diagnose

When symptoms of an illness appear, physicians and hospitals have a duty to properly evaluate, test, and work up the patient's condition until a proper diagnosis is reached. Only after arriving at a proper diagnosis can the physician appropriately treat the patient. A misdiagnosis may lead to improper or ineffective or untimely treatment of the underlying condition. A failure to test or otherwise work up a patient's symptoms can turn a treatable illness into a medical catastrophe.

Examples of malpractice cases arising from misdiagnosis or failure to diagnose include the following: failure to order CT scan, blood tests, ultrasound exams, or x-rays; failure to properly interpret a colonoscopy, a mammogram, or an EKG (electrocardiogram); delay in the review of test results or failure to communicate the results to the patient or the patient's treating physician; failing to recommend a biopsy for a suspicious lump or skin lesion; failure to refer a patient to an appropriate specialist after test results are received by the family doctor; failure to diagnose a psychiatric illness or suicide risk.

Diagnosis errors can be catastrophic in the emergency room setting. ER misdiagnosis errors can include failure to diagnose heart attack, stroke, bowel obstruction, ruptured spleen, or internal bleeding, including bleeding into the brain.

Medication Errors

Medication errors are among the most easily prevented types of malpractice. Standard medical procedures exist to check and cross check the prescription and administration of medications. Yet despite these safeguards, such errors are common among physicians, nurses, hospitals, and pharmacists.

Examples of medication errors giving rise to malpractice claims include the following: giving the wrong dosage; administering the medicine by the wrong route; giving the wrong drug due to pharmacy error--improper filling of the prescription; dangerous drug interactions caused by the physician's failure to consider the other medications the patient is taking; prescribing a drug without taking a full medical history; administering the medication improperly due to misreading of instructions; failing to monitor the patient following the administration of drugs or anesthesia; failing to discontinue medications when they are no longer medically necessary.

Heart Attack and Stroke

Heart and circulatory problems can produce varied symptoms, including chest pain, temporary vision problems, headache, nausea, dizziness, and pain radiating to the extremities. If these symptoms aren't properly evaluated and worked up, the results can be deadly or disabling.

Examples of malpractice cases involving heart attack or stroke include the following: emergency room failure to properly test a patient reporting chest pain; nursing failure to communicate to an attending physician neurological symptoms suggesting stroke; family physician's failure to refer a patient with suspected heart disease to a specialist for complete diagnostic work up.

Surgical and Post-Operative Errors

Exhibit # 20

In working on a case, an experienced injury lawyer does many things the client may not know about.

Before the Law Suit is Filed

Before the law suit is filed, your injury lawyer may do some or all of the following work on your case.

- ✓ • Meet with you. Listen to the account of what happened.
- ✓ • At the initial conference explain how a personal injury case works.
- ✓ • Explain the fee agreement, and provide it to you in writing.
- X • Obtain important documents and evidence, such as the police report, photos of the accident scene or vehicles, medical records and bills.
- ✓ • Review your own insurance coverage to determine how bills will be paid.
- X • Hire an investigator to interview witnesses or take photographs.
- N-A ? • Represent you in disputes with the insurer about getting your car repaired.
- N-A • Assist you in getting a fair price for your car if it is "totaled."
- X • Analyze the legal issues, including fault and insurance coverage.
- N-A • Advise you concerning any criminal charges or "tickets."
- ? • Obtain medical records and reports from treating doctors to determine the need for future treatment or the extent of disability.
- ✓ • Advise you about filling out insurance forms or giving a "statement" to an insurance company.
- X • If you are going to give a "statement" or a recorded interview, represent you during that process.
- ✓ • Communicate regularly with you about the progress of the case.
- ✓ • Determine whether there are liens on any recovery in the case.
- X • Communicate with the insurance company, and send it reports and records documenting the injury and legal liability in the case.
- ? • Discuss with you whether the case should be settled before bringing a lawsuit.
- ✓ • Communicate all settlement offers to you.
- X • Attempt to negotiate a fair settlement.
- X • Review settlement documents before you sign them.

Exhibit 21 #

It works this way. First, you must know that you have such coverage and how it works. Then you must file a claim with your own insurance company that proves a lack of insurance on the other driver, his fault for the collision, and that you were injured.

With these elements proved, your own insurance company "steps into the shoes" of the uninsured driver. Your own insurance company will pay to settle your claim just as if it were the company for the uninsured driver. If your company refuses to pay, it can be sued in court to enforce your right to compensation.

Some people worry that filing such a claim against your own company cause your rates to go up. It shouldn't. As the policy holder, you have paid a premium for this coverage. The accident was not your fault. You are entitled to the coverage you've paid for without penalty.

Uninsured and underinsured motorist coverage is poorly understood by consumers, even though in Connecticut it is required for all drivers by state law. We've found that insurance agents often recommend policies with inadequate coverage. An experienced injury lawyer will give you good advice about what amount of uninsured coverage is appropriate, and how to get that coverage from your company if you need it. Uninsured motorist coverage protects you against injuries caused by uninsured drivers. Think twice before you agree to reduce these limits. Additional uninsured motorist insurance or "conversion coverage" is also available, for a modest extra premium.

Remember, in the event of an accident with an uninsured vehicle, it's unlikely that your own insurance company will voluntarily pay on your uninsured claim. Even with your own company, the less it pays on claims, the greater its corporate profit.

TOP^

★ Fair and Unfair Settlements ★

Every person injured by accident or malpractice wonders what their case is worth. Especially early in the case, there is no easy answer. No one can predict the long term effects of the injury, the total cost of medical care, the amount of lost wages or physical disability. These are the most important factors in determining a fair settlement.

No magic formula is used by lawyers and insurance companies to determine a case's settlement value. Every case is different. And the effect of every injury is different. A broken ankle would change a ballet dancer's life far more than it would a software designer's. A fireman would experience a facial scar differently than would a fashion model.

An injury lawyer always works to maximize your settlement. He or she must understand the effects of the injury on your life and compellingly present your suffering and losses to an insurance company, a mediator, jury, or judge. An injury lawyer should have the experience to evaluate your case realistically and know what settlement would be fair or unfair.

Sometimes, the person causing the injury has inadequate insurance for the very serious injury he's caused. In such cases, the amount recovered can be relatively small, compared to the losses suffered.

In other cases, the injured person is partially at fault for his own injury. For example, both drivers in an auto collision can be at fault. Or in the case of a slip and fall injury, the injured person may have failed to look where he was walking. In Connecticut an injured person must be 50% or less at fault or no recovery is permitted. If the injured person bears half or less of the fault, the settlement will be reduced accordingly. For example, a plaintiff who is 25% at fault recovers the remaining 75% of the damages award. If the injured person bears more than half of the fault, he or she recovers nothing.

Exhibit # 22

necessary for a year or more after the injury. The insurance company may offer an early settlement, to avoid responsibility for long term consequences of an injury.

Some inexperienced lawyers urge their clients to settle for the first offer from the insurance company. But by accepting a premature settlement, the client may be left with no recourse for future medical care and disability. Meanwhile the insurance company pays a fraction of what the case is truly worth.

Often, of course, it's the insurance company that delays settlement, holding onto the money as long as possible. Having handled many injury cases, the experienced injury lawyer is in the best position to counsel his client as to the timing of settlement. A skilled lawyer recognizes a premature, low-ball offer. A skilled lawyer knows that often the best settlements only come at the conclusion of the case, when the trial is about to begin or when it is about to end.

TOP^

Damages and Losses

Injury lawyers recover money from the responsible insurance company or institution for their injured clients. But what is the money for? Under the law, what types of injuries or losses are compensable with money damages?

In Connecticut, a person injured through the legal fault of another party is entitled to fair, just, and reasonable compensation for those injuries caused by the other party's negligence. "Damages" is a word judges and lawyers use for the injury's effects: physical, emotional, and financial.

As every person is different, the effects of each injury will be different. Money awards depend on the severity of the injury in a physical sense, but also on how seriously the injury affects the person's life. These effects may go far into the future. If so, an injured person is entitled to fair compensation for the future results of an injury.

Listed below are the types of damages (compensation for injuries and losses) that may be recovered under Connecticut law, depending on the facts of the individual case.

- ✓ • Physical pain and suffering, both in the past and in the future.
- ✓ • Emotional stress and suffering, including depression and anxiety.
- ✓ • Permanent disability of a particular part of the body.
- ✓ • Medical and hospital bills, both in the past and in the future.
- ? • Lost wages and benefits.
- X • Future loss of earning capacity.
- ✓ • Scarring or disfigurement.
- ? • Death or shortened life expectancy.
- ? • The cost of future surgery or nursing care.

- Exh. bit-23
- Some research suggests that traumatic brain injury may be more likely to cause dementia in individuals who have a variation of the gene for apolipoprotein E (APOE) called APOE-e4. More research is needed to understand the link between APOE-e4 and dementia risk in those who've had a brain injury.

[Back to top](#)

Treatment and outcomes

X The most serious traumatic brain injuries require specialized hospital care and can require months of inpatient rehabilitation. Most traumatic brain injuries are mild and can be managed with either a short hospital stay for observation or at-home monitoring followed by outpatient rehab, if needed.

H Treatment of dementia in a person with a history of traumatic brain injuries varies depending on the type of dementia diagnosed. Strategies for treating Alzheimer's or another specific type of dementia are the same for individuals with and without a history of traumatic brain injury.

X Alzheimer's disease and other dementias that may occur as a long-term result of traumatic brain injury are progressive disorders that worsen over time. As with all dementias, they affect quality of life, shorten lifespan and complicate the effort to manage other health conditions effectively.

4-2-2014